# Organizational Separation Between Aging and Disability Resource Centers and Managed Care Organizations To Avoid Conflicts of Interest

#### **Purpose**

This information bulletin is intended to provide guidance to counties and planning consortia regarding the degree of separation required between an Aging and Disability Resource Center (ADRC) and a managed care organization (MCO). In the Family Care program, the managed care organization is known as a Care Management Organization (CMO).

#### **Guiding Principle**

As a general principle, any county agency that is a managed care organization or is assuming full or partial financial risk for a managed care consortium cannot also serve as the Aging and Disability Resource Center. Before it can be approved to provide both ADRC and MCO functions, a county or multi-county consortium would have to demonstrate in a detailed public plan, and provide assurance to the State, that the operation of the ADRC would not be influenced in any way by the management of the MCO.

## **Federal and State Requirements**

In order to avoid conflict of interest, the Centers for Medicare and Medicaid Services requires that managed care organizations be independent from the organization that performs choice counseling and enrollment activities for potential members of the managed care program.

Wisconsin's Family Care statutes and rules contain similar requirements for separation. Section 46.285, Wis.Stats. requires ADRCs to meet federal requirements for organizational independence from any care management organization and specifically prohibit the same organization from operating both a resource center and a care management organization unless:

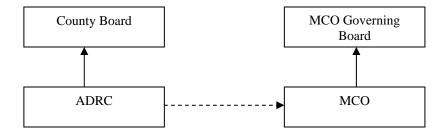
- 1. The county creates a Family Care District to operate the ADRC or CMO
- 2. The tribe or band creates a separate corporation to apply as an ADRC or CMO
- 3. DHFS approves separation of the functions of the ADRC from those of a CMO by other means

## **Acceptable Models of ADRC-MCO Separation**

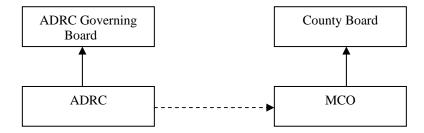
An ADRC can be a county or tribal entity, a multi-county consortium, a Family Care District, a private non-profit organization, or a combination of the above. A county or tribal government may be both an ADRC and a MCO, so long as there is adequate separation in the governance and organizational structure. Organizational separation should be sufficient to ensure that individuals receive unbiased information and counseling, to protect individuals from being discriminated against based on health care needs, and to prevent manipulation of level of care determinations to the financial advantage of any participating organization.

The following describes different ways of structuring ADRCs and MCOs to meet the requirement for separation. The county and county organizations described in these scenarios may be single county organizations, multi-county consortia, or public-private partnerships involving county governments. Applicants for ADRC or MCO designation should follow one of the models described below or be able to demonstrate in detail how their proposed structure will eliminate the potential for conflicts of interest.

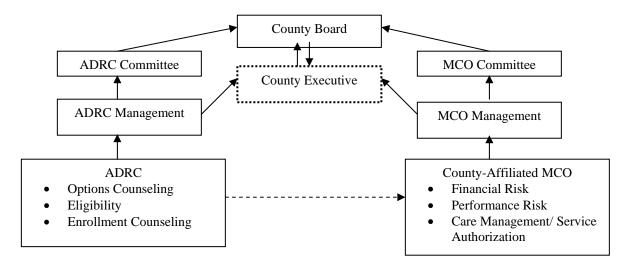
County is an ADRC but not a MCO. If a county has no risk or responsibility for care
management, then any county agency can serve as the ADRC or as part of a multi-county ADRC.
In this model, the county is not a MCO but may provide services, such as care management
services, under contract to the MCO.



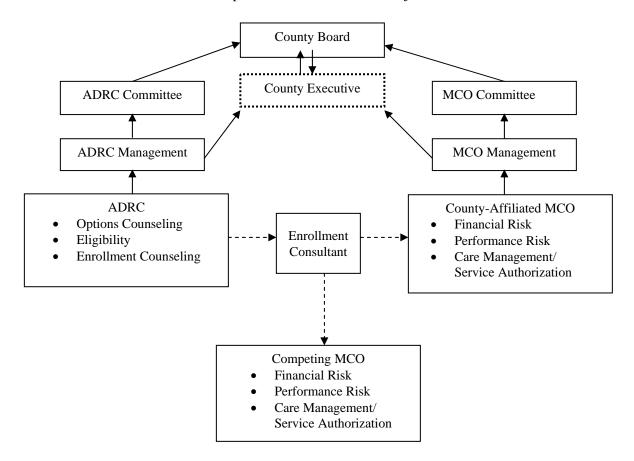
2. **County is a MCO but not an ADRC**. The county assumes financial risk as a managed care entity, either as a MCO or as a participant in a consortium that is a MCO, and is not an ADRC.



3. ADRC and MCO are Separate Agencies within County Government. If a county, with or without partners, assumes risk for managed care, it can also operate an ADRC provided that the ADRC and the MCO have separate agencies, advisory boards, managers, budgets and staff. Both the MCO and ADRC may report to the same county board. [Note: It is not known at this time whether CMS will consider this adequate to prevent conflict of interest. Further separation of options and enrollment counseling may ultimately be required.]



**4. Enrollment Consultant.** Where there is more than one MCO serving a county and the county is both the ADRC and one of the competing MCOs (or is a risk-bearing partner in one of the competing MCOs), then the ADRC and the county-affiliated MCO must be separate agencies with their own separate advisory boards, managers, budgets and staff <u>and</u> there must be an independent enrollment consultant to ensure that potential enrollees receive objective and unbiased information.



# Legend:

= Reporting relationships
= Direction of customer movement through the enrollment process